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RURAL DISTRICT OF WADEBRIDGE



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

Year Ending 31st December, 1959

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PUBLIC HEALTH STAFF :

Medical Officer of Health :

J. REED, M.B., Ch.B., B.Sc., D.P.H.

Surveyor and Sanitary Inspector :

A. E. BEWES, F.R.I.C.S., etc.

Additional Sanitary Inspector :

R. F. M. SAUNDERS, Cert.S.I.B., M.P.H.I.A.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Report of the Medical Officer of Health for 1959.

This is my tenth Annual Report, and it seems to be customary to look back over such a period to assess what may have been achieved during that time. I can well imagine the reason for this, since at the rate at which Local Government functions, it appears to be impossible to look forward with any degree of certainty. On looking through the various annual reports, the most striking change observed is in the Rateable Value and the Product of the Penny Rate (£70,509 to £145,584 and £287 7s. 1d. to £535 respectively).

The Vital Statistics are tabulated for comparison.

<i>Year</i>	<i>No. of Births</i>	<i>Rate per 1,000</i>	<i>Estimated Mid-Year Population</i>	<i>No. of Deaths</i>	<i>Rate per 1,000</i>
1949	243	15.3	13,860	184	13.2
1950	219	13.6	16,060	188	11.4
1951	203	12.6	16,010	195	12.18
1952	238	13.9	16,350	188	11.4
1953	225	13.7	16,410	211	12.7
1954	250	15.3	16,350	202	12.3
1955	240	15.8	15,860	184	11.6
1956	229	14.5	15,730	177	11.2
1957	207	13.7	15,160	202	13.3
1958	245	16.4	14,930	164	11.0
1959	259	18.4	14,070	189	13.4

It will be seen that no obvious trend is shown in Birth or Death Rates, the only constant feature being a decline by over 2,000 in the estimated mid-year population since 1953.

On the Public Health side, the most obvious of the Council's achievements was the completion of the De Lank Water Scheme, which provided an immediate solution to some of the District's many water problems. Some, unfortunately, still remain, delayed not so much by practical reasons as administrative ones. Two parishes remain without piped water supplies. A very persistent plea in all my reports has been for main sewerage systems, but apart from those treatment works built to supply individual groups of Council houses, nothing practical has been achieved. Prepared schemes were completed

many years ago for Blisland and Lanivet, both very urgently needed, but no further steps have been taken to secure installation. The coastal parish of St. Merryn, now adequately supplied with piped water and ripe for development, urgently needs sewerage. There will most certainly be strong opposition to the Council's proposed scheme for a sea-outfall, without prior treatment, but since the risk to public health is negligible, the contest must be based on aesthetic considerations. There are certainly far greater risks existing at the present time in the numerous bad out-falls along the coast, and the small polluted streams which cross many of our beaches. If treatment works are required anywhere along our tidal shores, Wadebridge Town should merit early consideration. Our major sewerage difficulties in the coastal parishes occur during the holiday period, not exceeding three months. It could be argued that, in view of the vast expense which is bound to be involved in providing sewerage systems adequate to cover this period, some extension of the services of the cesspool emptier may be a suitable temporary solution. The more permanent sewage problems are in our inland villages, where many systems are most primitive. Blisland and Lanivet have already been mentioned, and there are others which the Council could proceed with at much smaller cost.

The sustained housing progress which the Council had made until 1954 gradually fell away. No houses were built in 1957 and 1958. Apart from the few bungalows at Port Isaac, no provision has yet been made for the accommodation of old people.

Two retrograde steps I recall, which are not the Council's responsibility. One was the transfer of the supervision of milk production to the Ministry of Agriculture, and the second, the free-for-all in the slaughter house world. The policy of centralisation and modernisation would have been much more acceptable.

In spite of this somewhat depressing picture, and in spite of the district's numerous shortcomings, may I confirm that I think we must still consider ourselves fortunate to live in such an attractive part of the country.

I wish to express my thanks to the Council and its Officials for their continued help during the year, and beg to remain,

Your obedient servant,

JOHN REED.

I. GENERAL STATISTICS

Estimated Mid-Year Population	....	....	....	14,070
Area in Acres	....	....	....	88,064
Number of Inhabited Houses	....	....	....	5,005
Rateable Value	....	....	....	£145,584
Product of Penny Rate	....	....	....	£535

Comparability Factors :—

Births	....	....	....	....	....	0.94
Deaths	....	....	....	....	....	0.86

VITAL STATISTICS

Births

Registered Live Births, 1959

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	....	....	....	126	129	255
Illegitimate	....	....	....	3	1	4
				<hr/>	<hr/>	<hr/>
				129	130	259

Birth Rate per 1,000 Population	....	....	....	18.4
Birth Rate per 1,000 Population, England and Wales	....	....	....	16.5
Comparable Birth Rate	....	....	....	17.2

Stillbirths

Four female legitimate stillbirths were registered.

Deaths

Registered Deaths, 1959

				<i>Male</i>	<i>Female</i>	<i>Total</i>
				98	91	189
Crude Death Rate per 1,000 Population	....	....	....	....	....	13.43
Death Rate, England and Wales	....	....	....	....	....	11.6
Comparable Death Rate	....	....	....	....	....	11.5

Infant Deaths

One male infant death occurred during the first week of life.

Principle Causes of Death

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Heart Disease	40	30	70
Cerebro Vascular Disease	9	17	26
Respiratory Disease (ex. T.B.)	9	6	15
Cancer	13	14	27
Respiratory Tuberculosis	—	1	1
Accident, Suicide, etc.	7	2	9
All other causes	29	21	41
	—	—	—
	98	91	189
	—	—	—

Deaths by Age

	<i>Male</i>	<i>Female</i>
0—1	1	—
1—10	—	—
11—20	1	—
21—40	2	2
41—60	27	12
61—70	20	21
71—80	28	28
80+	19	28
	—	—
	98	91
	—	—

II. GENERAL PROVISION OF HEALTH SERVICES

Hospital Facilities

There were no changes made in Hospital Services during the year other than a transfer of accommodation for the Ante-Natal and Gynaecological Clinic, and School Orthopaedic and Eye Clinics to new County Council premises at Brooklyn. The Royal Cornwall Infirmary at Truro is the major General Hospital for the District, with some admission and out-patient facilities at the East Cornwall Hospital, in Bodmin. The nearest Maternity Unit is still in Redruth.

Local Health Authority Services

(1) **Ambulance Service.** The main cover for the district is in Bodmin, where the County Council has its Main Ambulance Station, now fully-equipped with radio control. The Voluntary services of the Wadebridge Ambulance and Padstow Red Cross continue to supplement the County Council service.

(2) **Home Nursing, Midwifery and Health Visiting.** During 1959 the district was more fully supplied with nurses than in previous years, the full establishment being employed.

(3) **Infant Welfare Service.** In September, 1959, along with the Administrative offices of the County Council Health Area 5 and various clinics, the Infant Welfare Centre moved to adapted premises in Brooklyn. The new accommodation is a vast improvement on the old Nissen huts, and the move has been greatly appreciated by all connected with the services for which the building is now used. The Infant Welfare Centre continued to be well-attended, its main function being the administration of protective inoculations.

(4) **Home Help Service.** The County Council, through the W.V.S. Organiser, supply domestic help to persons in need. The majority of cases assisted continue to be elderly persons.

(5) **Vaccination and Immunisation.** Protective inoculations against diphtheria, whooping cough, tetanus, smallpox and poliomyelitis are available through the General Practitioners and the School Health and Infant Welfare Services. Protection against tuberculosis for special groups is available at the Bodmin Chest Clinic or through the School Health Service.

School Health Service

The schools in the District continue to show improvement in sanitary accommodation and in general appearance. Many schools have been redecorated in light attractive colours. There is no longer serious overcrowding, and the general atmosphere is much improved.

III. SANITARY CIRCUMSTANCES

Water Supplies

The parishes of St. Kew, St. Minver and St. Endellion are supplied from the North Cornwall Joint Water Board source, which has a linked supply from the Wadebridge De Lank source. Shortages were experienced, particularly in Polzeath and Port Isaac, as a result of inadequate mains. The Wadebridge De Lank service operated satisfactorily throughout a very dry summer and no deficiencies were reported. This source also supplemented the Wadebridge Town supply. Shortages were experienced in the higher town levels, resulting principally from inadequate pressure and increased demand. All samples submitted were reported satisfactory.

Sewerage and Sewage Disposal

There were no changes in the various means of sewage disposal throughout the district. A scheme has been prepared for St. Merryn Parish and steps taken to acquire the necessary land, etc. The proposed sea outfall is at Cataclews Point, and no preliminary treatment is envisaged. A second scheme is in preparation for the St. Minver parishes, progress having been delayed in finding a suitable sea outfall. The Cesspit Emptier operated on a slightly reduced scale owing to breakdowns. (606 pits were emptied involving 770 loads). The approved schemes for Blisland and Lanivet have still not been proceeded with.

Refuse Disposal

The Treworder site continued in use during the year without complaint.

Camping Sites

No new licences were issued for Camping and Caravan sites during the year. There were, however, many more vans and tents than in previous years occupying fields for periods less or greater than the statutory period. Much of the camping is, therefore, uncontrolled, and apart from a few isolated incidents, little trouble was reported. It would be quite impossible, without a considerable staff increase, to fulfil our statutory duties in this respect.

Public Health Inspection

Summary of Visits

Meat Inspection	....	....	....	....	824
Nuisances	....	....	....	....	42
Food and Drugs	....	....	....	....	24
Drainage	....	....	....	....	162
Ice Cream	....	....	....	....	9
Milk and Dairies	....	....	....	....	4
Disinfection and Fumigation			....	....	8
Factories	....	....	....	....	10
Housing	....	....	....	....	76
Water Supplies	....	....	....	....	51
Water Samples	....	....	....	....	15
Camping Sites	....	....	....	....	65
Cafes	....	....	....	....	11
Bakeries	....	....	....	....	7
Boarding Houses and Hotels			....	....	2
General	....	....	....	....	89
					<hr/>
					1,399
					<hr/>

Visits to Slaughterhouse still exceed by far the total of visits paid to other premises.

IV. FOOD AND DRUGS

Slaughter of Animals

One slaughterhouse (Mount) was closed during the year.

Carcases Inspected and Condemned

			<i>Cattle</i> (<i>ex. Cows</i>)	<i>Cows</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>
Number Killed	....	....	1,570	263	145	4,246	8,167
Number Inspected	....	....	1,562	263	145	4,189	8,167

All Diseases Except Tuberculosis

Whole Carcases Condemned			4	5	15	20	25
Part Carcases Condemned	....		820	32	—	309	401
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	....	....	52.75	14.07	10.34	7.9	5.22

Tuberculosis Only

Whole Carcases Condemned			0	1	—	—	1
Part Carcases Condemned	....		4	7	—	—	292
Percentage of the number inspected affected with tuberculosis	....	....	.26	3.04	—	—	3.59
Cysticercosis	....	....	10	1	—	—	—
			.64	.38	—	—	—

2.2% (40) of cattle were affected with Actinobacillosis.

Ice Cream

Five new registrations for the sale of ice cream were made, making a total of 86. No ice cream is made in the district.

Milk Distribution

Thirty-five distributors' licences were issued during 1959.

V. HOUSING

The Council completed 16 three-bedroomed houses on the Egloshayle Estate. No houses were dealt with under Slum Clearance procedures. Four formal notices were served to secure repairs.

VI. FACTORIES AND WORKSHOPS

The following tables relate to inspections made of Factories and Workshops.

<i>PREMISES</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written Notices</i> (4)	<i>Occupiers Prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be en- forced by Local Authorities	Nil	Nil	—	—
(ii) Factories not in- cluded in (i) in which Section 7 is enforced by the Local Autho- rity	46	10	Nil	Nil
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' pre- mises)	Nil	Nil	—	—
Total	46	10	Nil	Nil

<i>Particulars</i>	<i>Number of Cases in which Defects were found</i>				<i>Number of cases in which Prosecutions were instituted</i>
	<i>Found</i>	<i>Reme- died</i>	<i>Referred</i>		
			<i>To H.M. Inspector</i>	<i>By H.M. Inspector</i>	
(1)	(2)	(3)	(4)	(5)	(6)
Ineffective drainage of floors (S.6)	Nil	Nil	Nil	Nil	Nil
Sanitary Conveniences (S.7)					
(a) Insufficient	4	4	Nil	Nil	Nil
(b) Unsuitable or de- fective	1	1	Nil	1	Nil
(c) Not separate for sexes	Nil	Nil	Nil	Nil	Nil
Other offences against the Act (not includ- ing offences relating to Out-work)	Nil	Nil	Nil	Nil	Nil
Total	5	5	Nil	1	Nil

VII. PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

Notified Infectious Diseases, 1959

Measles	....	....	....	....	....	32
Scarlet Fever	....	....	....	....	....	5
Pulmonary T.B.	....	....	....	....	....	7
Poliomyelitis						
(a) Paralytic	....	....	....	....	....	1
(b) Non-Paralytic	....	....	....	....	....	1
Whooping Cough	....	....	....	....	....	5
Food Poisoning	....	....	....	....	....	2
Typhoid Fever	....	....	....	....	....	1
Pneumonia	....	....	....	....	....	2

Measles was the most frequently notified infectious disease. No deaths from this cause were recorded. The decline in whooping cough over the past few years is worthy of comment. The figures of notified cases since 1949 are 102 (1 death), 40 (2 deaths), 22, 64, 66, 47, 4, 17, 23, 0, 5. Immunisation began in 1953, and its effect may have contributed to the present low figures. The two cases of poliomyelitis occurred in St. Eval Parish, during the same period, both having received vaccine.

The case of typhoid fever was imported into the district, having been contracted in Spain. There were no secondary cases.

Protective inoculations were available against diphtheria, whooping cough, tetanus, smallpox and poliomyelitis. Protection against the first three is given together, and the percentage of children born in 1958 protected is 68%. In children born in 1957, the figure is 66%. For poliomyelitis, the proportions are 68% and 74% respectively. These figures are on the low side, but can be expected in a rural area, where facilities for obtaining protection are frequently limited by transport.

The protection of school-leavers against tuberculosis by B.C.G. vaccination continued, and the Mass Radiography Unit made their last visit to schools in the area. Contacts of cases of tuberculosis were also supervised at the Chest Clinic and offered protection where necessary. The number of notified cases of pulmonary tuberculosis has shown no striking change during the past 10 years, having varied between 40 and 56. The present number is 53. Non-pulmonary tuberculosis on the other hand has declined steadily from 12 to 6.

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